

canpfa

The Connecticut Association of Not-for-profit Providers For the Aging

Testimony to the Human Services Committee

Senate Bill 299, An Act Concerning the Enforcement of Surety Contracts by Nursing Homes

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House Bill 6357 An Act Concerning Administrative Hearings under the Medicaid Electronic Health Record Incentive Program

**Presented by Mag Morelli, CANPFA President
March 1, 2011**

Good afternoon Rep. Tercyak, Sen. Musto and members of the Committee. My name is Mag Morelli and I am the President of the Connecticut Association of Not-for-profit Providers for the Aging (CANPFA), a membership organization representing over 130 mission-driven and not-for-profit provider organizations serving elderly and disabled individuals across the continuum of care including nursing homes, residential care homes, housing for the elderly, continuing care retirement communities, adult day centers, home care and assisted living agencies. CANPFA members are sponsored by religious, fraternal, community, and municipal organizations that are committed to providing quality care and services to their residents and clients. Our member organizations, many of which have served their communities for generations, are dedicated to providing the services that people need, when they need them, in the place they call home.

On behalf of CANPFA I would like to submit the following testimony regarding *Senate Bill 299, An Act Concerning the Enforcement of Surety Contracts by Nursing Homes* and *House Bill 6357, An Act Concerning Administrative Hearings under the Medicaid Electronic Health Record Incentive Program*.

Senate Bill 299, An Act Concerning the Enforcement of Surety Contracts by Nursing Homes

Last year at this time, CANPFA presented testimony to the Human Services Committee on a bill similar to the one before you today. At that time we raised concerns with the bill and as a result of that testimony we were given the opportunity to work with the proponent of the bill throughout the session in an attempt to address these concerns. The bill before you today reflects the work that was done during that session and we are very grateful for the acknowledgement of that effort.

The issue addressed in this bill is of vital importance to CANPFA's nursing home members because the ability to put some level of responsibility on an individual that has legal access to a nursing home resident's income or resources is crucial in the effort to complete pending Medicaid eligibility cases.

In the last several years, we have worked with state legislators to find solutions to the very real issue of nursing home receivables that are growing as the result of pending Medicaid cases. Pending Medicaid eligibility claims, intentionally transferred assets resulting in Medicaid penalty periods, and the non-payment of applied income are all Medicaid related receivable issues that are negatively affecting cash flow for our skilled nursing homes.

A Medicaid application must be completed and verified before benefits are granted. For nursing home residents this can be a very complicated process as the individual often has a long and complicated financial history that must be accounted for during the eligibility determination

process. More often than not, the resident is not capable of completing and filing the Medicaid application, and so a family member or other representative must do so on the resident's behalf. That is why requiring assistance from such an individual, one who has legal access to a resident's income or resources, is so crucial.

The issue is not always urgent for families because a private pay nursing home resident needs only to *apply for* Medicaid coverage to garner the statutory protections that prevent a nursing home from discharging or transferring due to non-payment. The resident does not need to complete an application, but to simply submit one - and simply submitting an application does not grant someone Medicaid benefits. If one is submitted but never completed, the resident becomes yet another pending Medicaid case, protected from discharge or transfer, but with no other payer source. If a third party is not held responsible in some manner for completing that Medicaid application, it may never get done.

We thank you for taking our concerns into consideration in this bill and we would ask for your continued assistance on the issues surrounding pending Medicaid eligibility. One suggestion that could be added to this bill is a requirement that the Department of Social Services provide consumers with more comprehensive, understandable information about the Medicaid eligibility process.

Suggested language: Section 3. The Commissioner of Social Services shall reorganize its web site to ensure that (1) information about the Medicaid application process is accessible, complete and understandable for consumers and (2) such information includes links to additional resources for the Medicaid application process. All written and electronic information published by the department about the Medicaid eligibility process shall include notification that institutionalized individuals determined eligible for Medicaid may be required, as part of the eligibility determination, to pay social security income, pension payments and other such applied income to the facility.

We would also ask that you make the effective date of this legislation October 1, 2011 to provide nursing homes time to implement requirements in their admissions agreements and policies and also to make it clear that the new requirements only apply to contracts entered into on or after the effective date.

Suggested language: Section 2. This Act shall not apply to any contract with a third party guarantor or any admissions agreement, as described in Section 1(b), that is entered into before October 1, 2011.

House Bill 6357 An Act Concerning Administrative Hearings under the Medicaid Electronic Health Record Incentive Program

CANPFA supports this bill which would give eligible health care providers the right to request an administrative hearing under chapter 54 of the general statutes to contest an adverse decision made by the Commissioner of Social Services under the Medicaid electronic health record incentive program. We would also request the Committee's assistance in ensuring that long term care providers are included in the incentive program.

Thank you for your consideration of this testimony.

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